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ABSTRACT

This booklet contains conference presentations from the 1999 National Institute of Justice's research forum on preventing school violence. The theme of the conference was "Enhancing Policy and Practice through Research." Three researchers were asked to speak on topics of school violence since effective preventive policy and practices are increasingly needed. The three speakers demonstrated the concept that policy grounded in research promises to be most effective when it draws on a range of disciplines. Sheppard G. Kellan, public health psychiatrist, discussed the importance of community involvement in designing prevention programs. Ron Prinz, psychology professor, offers insights of psychology and the importance of considering developmental perspective in prevention. Joseph Sheley, sociologist, looks at weapons carrying by youth and the ways schools have lowered weapons-related incidents. (Contains 91 notes and 4 tables.) (JDM)

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U.S. Department of Justice
Office of Justice Programs
810 Seventh Street N.W.
Washington, DC 20531

Janet Reno
Attorney General

Daniel Marcus
Acting Associate Attorney General

Mary Lou Leary
Acting Assistant Attorney General

Julie E. Samuels
Acting Director, National Institute of Justice

Office of Justice Programs
World Wide Web Site
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Preventing School Violence: Plenary Papers of the 1999 Conference on Criminal Justice Research and Evaluation—Enhancing Policy and Practice Through Research, Volume 2

Sheppard G. Kellam

Ron Prinz

Joseph F. Sheley

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Julie E. Samuels
Acting Director

John Thomas
Program Monitor

The Professional Conference Series of the National Institute of Justice supports a variety of live researcher-practitioner exchanges, such as conferences, workshops, and planning and development meetings, and provides similar support to the criminal justice field. Foremost among these forums is the Annual Conference on Criminal Justice Research and Evaluation. The Research Forum publication series was designed to share information from this and other forums with a larger audience.

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Foreword

Recent, tragic instances of violence in our Nation's schools have brought the issue to the top of the agenda for public policymakers, school administrators, and the public. No matter how reassuring are the aggregate figures on school safety and the downward trend in juvenile violence, they cannot diminish our concern. It prompted the National Institute of Justice and other sponsoring Office of Justice Programs to present a major plenary session on school violence prevention at the 1999 Conference on Criminal Justice Research and Evaluation.

The conference theme "Enhancing Policy and Practice Through Research" expresses NIJ's core mission—studying criminal behavior and the response of the justice system and its allied entities not as an end in itself but as a means to crime reduction and prevention. School violence is among the issues for which effective prevention policy and practice, informed by empirically based research, are most sorely needed.

As the three speakers demonstrated, policy grounded in research promises to be most effective if it draws on expertise in a range of disciplines. Sociologist Joseph Sheley, who has written extensively on the explosive nexus of youth, violence, and firearms, first puts school violence in perspective by demonstrating that it occurs much less often than in communities where students live, but that, on the other hand, weapons carrying by young people is not uncommon and guns are easy to obtain. Perhaps one of the most important research findings he notes is that the prime motive for carrying weapons is fear. To be sure, schools are taking steps to lower the risk of weapon-related incidents, but whether they choose techniques that have had a record of success is unknown. Ron Prinz offers the insights of psychology, persuasively arguing that because problem behavior stems from prior maladjustment, prevention has to be considered from a "developmental" perspective—by analyzing what gives rise to that behavior. Prevention requires understanding and changing social environments more so than targeting specific individuals. Finally, public health psychiatrist Sheppard Kellam uses his decades-long work in Chicago and Baltimore to illustrate the imperative of community involvement in designing prevention programs.

The papers convincingly demonstrate that preventing school violence is not the exclusive preserve of the criminal justice community. The resources of multiple research-based disciplines—whether their province is human behavior or the workings of the mind or community health—need to be tapped to find the path to an enduring solution.

Those who wish to read more about the 1999 conference can find abstracts of conference sessions on the Web at *http://www.ilj.org*.

Julie E. Samuels
Acting Director
National Institute of Justice

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Community and Institutional Partnerships for School Violence Prevention

Sheppard G. Kellam, M.D., Johns Hopkins University

It is a long-held belief among veteran public health workers that the first rule is, "Don't get thrown out of the community." The field has many examples of this rule being followed and many examples of it being broken. One well-known example of achieving trust at the community level—being allowed to add chlorine, a potent poison, to drinking water—illustrates successful institutionalized prevention programming at the universal level (i.e., reaching all individuals in the community).

Who gives permission in the community? What are the processes of developing trust and maintaining acceptance, and even "owning" programs in the community? Our immediate concern, and the subject of this paper, is how we approach the problem of introducing a new prevention program that offers proven efficacy in a way that promotes acceptance of the program, perception of the program as in keeping with the community's values, and willingness to take up the program as part of the community's own institutions.[1]

Why community partnerships?

The emergence of prevention science over the past three decades has made possible a growing body of prevention programs that have been rigorously tested for their impact in defined populations within specific social contexts.[2] The nature of prevention often makes it necessary to address how specific aspects of environments help or hinder the development of individuals, given the varied capacity of individuals to adapt. For example, programs aimed at preventing mental and behavioral disorders are often based in schools and involve students' families and peers in the community as well as in other settings such as the workplace or the context of intimate relationships.

Evidence-based prevention programs are generally guided by one or more specific prevention science strategies, each requiring community partnerships for implementation.[3] Some prevention programs address policy changes that may reduce risk or address community issues and organizational structure related to risk. For example, interventions may involve minimum age requirements for obtaining a driver's license or local practices regarding serving alcohol in bars.[4] Some programs involve the media in promoting less risky behavior. Prevention programs may also address antecedents of problem behaviors that occur in early childhood or later. These programs may, for example, involve changing family practices, schools' teaching practices and curricula, families' relationships to teachers and schools, peer group values and processes, and other highly intrusive activities that have been shown to influence developmental trajectories toward healthier, more socially efficacious outcomes. Prevention programs require great sensitivity to the power structure, values, and symbols of the local community and the broader society, and recognition that values vary dramatically from one community to the next and even within our society.[5]

How prevention program leaders relate to community concerns will dictate the fate of their efforts.

Some newly tested prevention programs include how to parent, how to teach in the classroom, what children should know about sex and the availability of condoms, minimum age requirements for driving cars and purchasing cigarettes or alcohol, how to resist peer pressure about drugs, and many other intimate and value-laden issues. All of these programs, if imposed by outsiders, are very likely to bring about intense community response. How prevention program leaders relate to community concerns will dictate the fate of their efforts.

In prevention research, the field trial is an important element in the most rigorous designs.[6] Decisions about whether children or schools are to be randomly assigned to trial groups or whether control conditions are to be permitted will evolve, in large part, from the quality and structure of the relationship between the researchers and the community. After the research has been completed, questions about how to

implement programs can also affect community interests, which in turn, can aid or impede access to schools and classrooms for purposes of implementation.

Even after a program has been adopted, the quality and level of community involvement can markedly influence the fidelity with which the program is carried out. The subject of how community partnerships affect prevention program research, implementation, and subsequent administration is rarely examined thoroughly, if at all, in graduate study of health and mental health disciplines, and should be the subject of research. This paper describes how to establish partnerships with communities and their institutions—partnerships that are essential for both research and implementation of prevention programs.

Risk factors as targets for prevention

Prevention research and programming, and indeed all public health programs, are built within the cultural, social, and political structure of a defined population. From a public health perspective, the goal of such programming is to promote social adaptation and psychological and physical well-being and to prevent disorders over the life course, not only for those who are already ill but also for the total population of a community or institution. Prevention is based on the development of knowledge about risk factors, mediators of risk, and moderators of risk along the life course. Interventions can then be directed at improving specific risk factors to forestall specific mental and behavioral disorders. Such prevention interventions can also, in the same process, promote good social adaptation and psychological well-being in the population.

Risk factors may be in the environment, in the individual, or in the demand/response aspects in the environment and the individual's ability to respond. For example, a teacher may be either consistent or inconsistent in telling a child in the classroom to "sit still and pay attention," the child's response may be influenced by other classmates, or the child may or may not be cognitively or developmentally ready to respond adaptively. Such risk factors require providing teachers with methods for improving classroom management and instruction, for example.

Prevention programs directed at mental and behavioral disorders usually do not deal with individuals in isolation but rather in the context of major social fields at each life stage, such as families, classrooms, peer

groups, intimate relationships, and the workplace. Because individuals must respond to social task demands within these environments, many prevention programs must be integrated within the major social fields and/or the relevant social institutions within which these fields are embedded. Therefore, partnerships involving prevention programs, institutions, and the community must support access to teachers, principals, children, parents, workplace leaders, lawmakers, and community leaders who may or may not allow such intrusive programs. Again, the key is the adequacy of these partnerships.

The ecological context for prevention

Prevention programs can be developed within defined residential areas, elementary school catchment areas, workplaces, or military battalions or divisions. The size of the population is not the issue; the focus is the totality of the population in its ecological environment, including its power structure, values, and symbols. The perspective of public health and, in recent years, of public education, is directed toward the whole population rather than the undefined individuals who may happen to come to a clinic or participate in a program. In effective public health prevention, the delivery agents are most often not clinicians who care for a few. Instead, they are the individuals who may, because of their position in an institution, improve the effectiveness of the institution by addressing risk or protective factors that may be part of the institution's structure.

Prevention programs may, for example, provide teachers with tools to develop and maintain classroom learning environments, may improve parents' tools for teaching their children to regulate behavior, or may promote law enforcement efforts to impede the sale of tobacco to adolescents. Because such activities can alter classrooms and schools, families, business practices, laws, and media positions, the whole community has an interest and should, therefore, accept and even become the "owners" of these new ways of socializing and supporting individuals at all stages of life.

Building and maintaining such prevention and health promotion programs also involves the ethics and governance of human research and public health and education. Intimately coupled with problems of access to institutions and individuals are issues of confidentiality and of the representativeness and roles of participants in policymaking and the administration of programs.

Political and cultural analysis

In the 1960s, and particularly during the "War on Poverty," several models of gaining community support were used.[7] In one model, the *interagency council*, social service agency leaders met periodically and discussed priorities and coordination. These councils were based on the premise that, working together, social agencies could provide legitimacy for new community programs. As interest in citizen participation grew, the interagency council model came under attack by citizen groups that did not accept agency leaders as representing local values, priorities, or interests.

A second model, dubbed the *storefront*, literally implemented programs in vacant stores, posting invitations in the windows for citizen participation. Storefront programs also aroused protest, particularly from community organizations that claimed they failed to recognize, and even deliberately excluded, local leadership and organizations. A third model involved hiring local citizens as paraprofessionals, on the assumption they would be accepted by the community for participation in decisionmaking. All these models lacked structures for deliberately including the existing community organizations and their constituents in the planning, acceptance, and ownership of new programs.[8] Their participation from the beginning is the key to solid partnerships between programs and communities.

In developing solid partnerships, the first important step is the analysis of different groups (and their institutions and power structure) within the population, taking into account the diversity of the population and its links to the broader society. To reach all people in a potential prevention program population, leaders of constituencies that need to lend support must be identified. This analysis and identification of decisionmakers and their constituencies within and across subgroups of the total population may include clergymen, newspaper owners, leaders of political organizations, block club presidents, youth organization leaders, and neighborhood and business association leaders.[9]

In conducting this "power analysis," it is extremely important to understand the difference between locally based leaders of community organizations with local constituencies, and heads of public and private social service agencies. Agency heads (paid staff) have less authority to approve or not approve programs for children than do parents and

leaders of their local social, religious, and political organizations. Agencies may be colleagues of prevention program staff in offering services to children and families, but they do not represent the population. Therefore, although a program may have won the support of the local family service agency, there may not be sufficient local support for a school or family prevention program. Parents, speaking through leaders of their own local organizations, may be far more effective in interpreting community concerns to program leaders and bringing reports from the program back to the community.

The second step in developing partnerships is learning about the values, priorities, and acceptable language within the population. Such knowledge makes it possible to explain the proposed research and/or prevention activities in a way that is understandable to community members and reflects their values and priorities.[10]

Implementing population-based programs involves negotiating with leaders of community organizations whose constituencies lie within the population itself rather than within agency departments "downtown."

Implementing population-based programs (step 3) also involves negotiating with specific leaders of community organizations whose constituencies lie within the population itself rather than within agency departments "downtown." These negotiations must begin with the process of engagement, working through trust issues and looking for mutual priorities and mutually acceptable research and service solutions. This does not imply that the community dictates the research question or the program to be adopted. The key is negotiating so that all parties' interests are served, including the values and aspirations of the community and the scientific or program missions of the professional staff.

Accomplishing the above three steps requires a thorough interviewing process in which many potential leaders answer detailed questions about the community, including how decisions are made and who makes them. Program advocates should also establish a consistent presence in the community through frequent visits to local churches,

organization meetings, offices, and other places where personal engagement can begin and information about specific community subgroups and their organizations can be learned. Such visits help researchers and/or program staff in getting to know the community, establishing credibility, and establishing and building on mutual investments in collaboration.[11] In our experience, the time required for this process of building a strong community base for a program—one that includes both community leaders and service agency colleagues—is about a year. Many investigators have found the effort to be well rewarded with the development of new and meaningful personal and professional relationships for building research and services that make it more likely that programs will be truly institutionalized and implemented with fidelity.

Establishing the community and institutional board

Another model, one found to be most beneficial, was introduced to the author and his colleagues[12] in the period from 1963 to 1966 by leaders of community organizations in Woodlawn (a very disadvantaged black neighborhood on Chicago's South Side) and by a centrally important mentor and highly esteemed friend, the late Saul Alinsky. Woodlawn community leaders had solicited Alinsky and the Industrial Areas Foundation to help in their struggle for local oversight of their community services and to engage in collective bargaining with city hall and other communities for Woodlawn's share of Chicago's human resources.

The approach used in Woodlawn begins with the premise that, for evidence-based prevention programs to be adopted and implemented with fidelity, local populations must participate actively in decisions and ultimately own the kind of prevention programs now being considered nationwide.[13] The second premise is that a *board of local community and institutional leaders* is the central structure for participation. Through it, leaders can set priorities and negotiate mutual interests across constituencies, with scientists and other professionals serving as the technicians for the community's emerging prevention programs. The third premise is that local populations can participate in decisions through leaders of their own community organizations, if these leaders constitute a local oversight and governance board. Examples of such local representatives include ministers, block club presidents, welfare

union presidents, and presidents of neighborhood or business associations. Constituent organizations, reinforced by professional staff, should continually seek out citizens who are not members of any organizations and invite them to participate in decisions.

During a program's developmental phases, the scientists and program leaders represent the technical requirements of the research and the need for fidelity in implementation. The role of board members is to represent and ensure the protection of their constituents' values and priorities and to interpret to their constituents the objectives and plans of the emerging program(s). Beyond the developmental phases is the long-term goal of institutionalizing the program (i.e., building it into the structure of the community) as part of the core programs serving the community. Institutionalizing the program should be a goal from the start. The role of the board in achieving this goal is essential, first in building acceptance within the community and then in bringing the power of voting constituencies to bear in representing programs and budget requirements to government officials at the city, State, and Federal levels.

Board membership and oversight

Who decides on the board membership? Although professional staff can investigate organizations and leaders, they can only strongly request that the leaders become board members. In practice, the major role of the professional staff is to urge that all relevant population subgroups be represented to ensure that the community eventually owns the program and that all people who need the program can benefit from it. Guided by staff, community leaders can then identify leaders of other constituencies and organizations within the community for potential board membership and reach a consensus.[14] The professional staff is not in charge of the board but, rather, agrees to work under the oversight of the community through the board.

In the Chicago program, leaders of The Woodlawn Organization (TWO) took on the initial role of organizing a "watchdog" committee to ensure that our commitment to work with oversight by the community was real. TWO leaders, sometimes accompanied by professional staff, approached other community organization leaders, and the watchdog committee grew to become our board. In the Baltimore program, Alice Pinderhughes, the highly esteemed black Superintendent of Baltimore City Public Schools, provided original support for program development.

She was later joined by a local veteran social services professional, Elva Edwards, M.S.W., also a member of one of the leading national black sororities, who brought credentials of long residence and high community leadership status. Ms. Edwards took on the task of teaching program staff and inviting leaders of community organizations to join the board. She has played a critical role in promoting the long-term continuity and acceptance of the program.

Failure to consult with the community board can lead to distancing and weakening of community understanding and ownership of the prevention programs, which may ultimately jeopardize program fidelity and even survival.

Interaction among board members and staff is a continuous process, requiring monthly meetings, with subgroup discussions between meetings. In the beginning, the professional leader or program director should initiate communication, work through trust issues within the community, and also work to identify mutual interests. As the process moves forward, senior staff can share this vital role. To ensure the active participation of board members, project staff should maintain constant contact with them, including contact before each board meeting to emphasize the importance of their attendance.

Although this repeated contact may seem laborious, it is necessary because, in part, it confirms for members the staff's commitment to work continually with the board's oversight. As trust grows, the staff may be tempted to make decisions without board oversight.[15] Staff failure to consult with the board can lead to distancing from the community and weakening of community understanding and ownership of programs, which may ultimately jeopardize program fidelity and even survival.

Board model variations

The structure of the community board has evolved over the course of our work in Chicago and Baltimore, taking on three variations, described here as models 1, 2, and 3. Each was designed to fit needs identified through analysis (based on community feedback) of the political

structure required to carry out the prevention program at a particular stage of its work. The first model provided a community and institutional base for work in Woodlawn from 1963 to the present.[16] The second provided a partnership for the earlier phase of our prevention work in Baltimore, which was conducted in the classroom and later involved parents in school-based programs.[17] The third model broadened our base beyond the schools as the Baltimore children who participated in the first generation of preventive trials became young adults. (The first generation involved 2,311 first- and second-graders in 19 schools; the second generation involved 9 schools and 680 first-graders in 9 schools who are now entering middle school.) Their followup is also being conducted with the oversight of the current board. The three board models reflect shared principles but also the somewhat different political structures required for different stages of developmental epidemiological prevention research in Woodlawn and Baltimore.[18]

Model 1. The prevention program in Woodlawn was based in a Chicago Board of Health mental health center. The choice of a mental health center was a matter for intense negotiation. In 1963, Woodlawn was among the four most economically disadvantaged communities in Chicago, with infant mortality rates comparable to those in developing countries. The Chicago Board of Health had planned to establish a mental health center there but was confronted with a militant community that saw "mental health" as another bad label and did not see the center as a priority.

After many intense discussions, three psychiatrists (including the author) and a social worker were invited to establish the Board of Health-Woodlawn Mental Health Center, with a services and research mission. The discussions involved Woodlawn community organization leaders, Chicago Board of Health officials, a State Department of Mental Health official (director Harold Visotsky, M.D.), and a representative of the University of Illinois Department of Psychiatry (Melvin Sabshin, M.D., Chair of Psychiatry). The University of Chicago, an immediate neighbor of the Woodlawn community, became part of the group only when Daniel X. Freedman, M.D., became board chair in 1967.

The issues. In 1963, the Woodlawn community was highly distressed over the state of its public schools and the lack of parental or community involvement. The central office led the school district, with no parental participation at the local community level. Parents were not allowed in classrooms and could talk to teachers in the hall only during

the 20 minutes between 8:40 a.m. and 9 a.m. The community had recently been the scene of militant organizing, with a resulting confederation of more than 110 block clubs and churches banded together under the leadership of the major community organizations. As noted earlier, this group, with the consultation of Saul Alinsky and the Industrial Areas Foundation, became The Woodlawn Organization. TWO's goal was to provide a power base to fight for community participation in collective bargaining at the city and State levels and thus to help the community gain resources for human services and economic development, including school reform. Again, to emphasize its importance, trust issues were paramount. This was complicated by the existence of separate organizations in the more middle-class, western area of Woodlawn, which were sometimes antagonistic toward tactics employed by TWO.

In building a partnership with The Woodlawn Organization in Chicago, program staff found that trust issues were paramount.

During the year it took to develop trust, senior program staff attended many community meetings held by TWO and other organizations in West Woodlawn. During these meetings, community members raised tough questions about the program team's willingness to work within the community power structure and to recognize the role of the community in defining its boundaries and setting priorities. Eventually, 25 leaders of community organizations were appointed by both TWO and the West Woodlawn community organizations to form a board. The board would oversee and work with prevention program technical staff and would be chaired by the vice president of TWO, who lived in West Woodlawn and was acceptable to all groups. (The community board, not program staff, chose the chair.) The role of program staff was to ensure that the science and services programs were conducted rigorously, to develop study designs that were mutually acceptable, and to make certain that community values and interests were respected. Board members and program staff arrived at decisions through negotiation and collaboration. Members interpreted these decisions to their organizations and also informed program staff of community concerns.

The Woodlawn Mental Health Center board consisted entirely of community organization leaders. Not until much later did board members accept school officials as part of the collaborative process, because the officials had engaged in intensive confrontations with major segments of the Woodlawn community. In order for prevention staff to gain access to the schools, a great deal of negotiation between the board and local school officials was necessary. At the beginning, parents and TWO members picketed the district superintendent's house until he granted the prevention program access to the schools. Later, the same district superintendent realized the importance and usefulness of having parents and community organizations as partners and became an ardent supporter of local oversight and active parental participation.

The result of board and program staff collaboration has been a 35-year partnership that continues to this day, as staff (led by Margaret Ensminger, Ph.D.) conduct followup studies of the total cohort of 1,243 children who were first-graders in 1966–67. Recently, the staff also conducted followup of mothers of these same first-graders at ages ranging from 50 to 70.

Defining boundaries and priorities. What did the board do beyond working through the trust issue? Since prevention science and programming are aimed at reducing incidence and prevalence rates, they are necessarily epidemiologically based. We can only calculate incidence and prevalence by knowing the boundaries of the community. (Public health prevention also needs to be directed toward the total population and its institutions, not just toward the individuals who participate in specific programs.) Thus, an early role of the board was to define these boundaries. In Chicago, this meant that organizations which might eventually like to expand would now have to define boundaries in their current position and size. The board finally endorsed the historical definitions of Woodlawn's boundaries and schools and, after much debate and expressions of concern, also endorsed the study designs (including randomization and control groups) to obtain data that would strengthen their demands for resources to establish new programs.

Priority setting was another early focus of the board. Social service agencies emphasized the need for a psychiatric professional to serve as backup to help individuals who had major mental health disorders. The board felt, however, that because the children represented the future, prevention was the highest priority. Although in 1963 prevention science in mental and behavioral disorders was a new and uncharted field,

the board members wanted to give it top priority, with services for people who were ill to be developed later. Program staff saw priority setting as an issue of community values. They agreed to assess early risk and developmental modeling in an epidemiological framework and to develop and test preventive interventions as the new data offered direction and made targets clear.

Model 2. The research base for the second model was the Department of Mental Hygiene of the Johns Hopkins University School of Hygiene and Public Health, where the author was Chair in the period 1982 through 1993. After much negotiation and work on trust issues, the Baltimore Prevention Program was developed as a partnership between the Baltimore City Public Schools (BCPS) and the Department of Mental Hygiene, with funding from the National Institute of Mental Health (NIMH) Prevention Research Center and supplemental funding from the National Institute on Drug Abuse.

Lessons from Chicago. We had learned much in Woodlawn about elementary school antecedents of teenage depression, aggression, drug abuse, and other problem behaviors. Our research and that of others indicated that, among vulnerable (i.e., high-risk) first-graders, failure to master reading predicted later depression, and early aggressive-disruptive behavior predicted later conduct and drug abuse disorders.[19] As a result of this research, early antecedents of problem behaviors became the focus for new prevention programs.

A first step in Baltimore was working out a partnership with the public school system that made it possible to mutually agree upon and design prevention programs directed at these early antecedents. The political base for these programs was the Board of School Commissioners and superintendent. The first programs tested were conducted in first- and second-grade classrooms.[20] Through the principals of the original 19 participating schools, program staff met with parents in community meetings. All decisions about program implementation were made openly, with the involvement of the school system and parents.[21] Later in the programs, a schools committee was formed to bring all principals into active decisionmaking roles and to encourage mutual support. Meetings with parents continued periodically and as needed.

Convergence of community and research goals. The interest of BCPS was in developing curriculum and improving classroom behavior. The researchers' interests were the same. We wanted to test whether, working

together, the program staff and the school staff could improve the targeted behavioral antecedents in first and second grades and thereby reduce the risk of later aggressive behavior, drug abuse, and depressive symptoms and disorders. All work on the design was done with school staff and under the superintendent's authority.[22] In the last generation of trials, 97 percent of the parents agreed to have their children randomly assigned to one of three intervention conditions in the nine participating elementary schools. These figures affirm the extent of mutual interest and trust among school officials, parents, and researchers.

Model 3. The current stage of prevention research in Baltimore involves following up the 2,311 children, now young people ages 19 to 21, who were the program's original first-grade participants. This first generation consisted of the entire first-grade population of the 19 participating elementary schools in the period from 1985 through 1987. A second generation of 680 children who are now in middle school is also being contacted again, but it is the first generation, now beyond the public school years, that requires a broader community base for followup.

Community base. The community base needed for such intensive followup into adulthood would be an extension of the original base. An important new partner in this expanded base is Morgan State University (MSU), a historically black university with strong leadership ties to other community organizations. The community and institutional board now includes leaders from MSU, city judges, church leaders, and sorority and fraternity leaders of major black professional groups. The one problem we have not been able to solve is how to involve the young adults themselves. There appears today to be a great lack of social and political organizations among young adults. This issue itself may be important to address in the context of prevention and of the socialization of young adults.

Expanded collaboration. An outgrowth of the third model was a program for undergraduates at MSU. We developed a mutual interest with MSU to recruit top undergraduates as research assistants, interviewers, and observers, obtaining funding from the National Institutes of Health and the National Institute of Mental Health. This minority undergraduate training provided an opportunity to develop a program of advanced training for undergraduates that would prepare them for graduate education in public health and prevention science.

MSU faculty and administrative leaders constitute a strong community power structure, with ties to major branches of public institutions and

government. The collaboration among MSU, the Baltimore City Public Schools Board of School Commissioners, and the Johns Hopkins School of Public Health created a strong, broad community base and also made possible a useful undergraduate training program. A community board, consisting of leaders within these institutions and overlapping with other community organizations, provides the authority for the research program to move forward with ongoing negotiation, understanding, and program support.

Neither prevention research nor prevention programming can be conducted in the isolated halls of academia.

Program success: Partnerships are key

Neither prevention research nor prevention programming can be conducted in the isolated halls of academia.[23] Both are conducted within the very structure of society at all levels—from the broad societal level through the local community, the schools, and the workplace, as well as families, peers, and intimates, and down to the level of the individual.

Roles of the partners

Strong community partnerships are essential for good prevention research. If children are to participate in school intervention programs, their parents need to give informed consent. A community board that can explain research goals and design (including why children are randomly assigned to classrooms) to the parents can be vital in obtaining such consent. The number of children who are allowed to participate and the number of schools that agree to participate affect the strength of a study design, including whether the study is representative of a given geographic area, whether a sufficient number of children will be available to assign to intervention groups and control groups large enough to permit meaningful comparisons, and whether the researchers are allowed to continue long enough to collect meaningful longitudinal data about the impact of interventions.

Other partners have equally important roles. Teachers who implement classroom interventions play a key role in ensuring that the program is

conducted with fidelity to the design. Principals and superintendents who encourage teachers to give priority to the interventions also have a major role in ensuring fidelity. And community support is vital in showing local policymakers that successful prevention programs are a valued priority, deserving funding and institutionalization.

Prevention researchers may gain more credibility by demonstrating familiarity with the local situation than by showing academic expertise.

To conduct policy-relevant research, community partnerships are essential if researchers are to gain access to lawmakers and those who enforce laws and policy. Generally, prevention researchers may gain more credibility by demonstrating familiarity with the local situation than by showing academic expertise.[24] They may also find that community members have more accurate knowledge about communities than can be obtained from academic sources.

Centrality of the board

In building community partnerships, community boards have several functions.[25] In communities with racial and social class divisions, a local university may seem isolated from the community or even perceived as a source of inequality or discrimination.[26] Community boards can help communities recognize that prevention programs serve both research and community interests. Oversight by the board can also make possible the cooperation of public mental health, education, and other human services agencies that might otherwise have felt threatened or territorial when presented with a prevention research proposal, or that might not have seen similarities between their priorities and those of researchers.[27]

Having representatives of diverse constituencies on the board helps elicit a variety of ideas from the community about how to define the community,[28] about the causes of complex health problems, about community health priorities,[29] and about encouraging involvement of community members.[30] Incorporating the community's self-identified health priorities and issues in the proposed program is especially likely to build trust between the community and the program and promote

long-term support for it.[31] In Woodlawn, for example, the community itself chose to address mental health issues through prevention programming for its children and continues to support the program 33 years later.

Sustaining the partnership

Collaborative relationships mean sharing control.[32] Designing successful program and evaluation plans may require a long process of trust building and negotiation as partnerships resolve differences in philosophies, principles, values, work histories, strategic interests, and vision.[33] The partners may need to address and correct inequities in power and should be certain to speak *with* one another rather than *for* one another.[34]

Although the commitment of program staff's time in building relationships and trust is likely to be greatest at the beginning of a project, cultivating the board's continuing commitment and support also takes patience and time. Integrating new participants (and approaches) may also involve negotiations to accommodate perspectives different from those at the project's start. However, with reciprocity and mutual respect,[35] combined with trust and long-term commitment,[36] community partnerships have a good chance of succeeding in the long run. Empowered by implementing change for their members, communities may grow in strength and effectiveness. Indeed, as Saul Alinsky suggested, community empowerment may also benefit individuals and contribute to health promotion for all.

Finally, on a personal note, the year-long process of analyzing and engaging with the political and social structure of each community we aspired to work with has produced some of the most enduring and rewarding professional and personal relationships. It is truly a powerful reward to experience the mutual respect that such work generates. On the basis of our experience, I would venture to say there seems to be no other way to conduct prevention research and programming if these efforts are to endure.

Notes

1. This work would not have been possible without the great contributions over 35 years of many individuals in Woodlawn (Chicago) and Baltimore, including community and school leaders, parents, teachers, and the adults who were the participating children. My collaborators over the years in Woodlawn

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Research-Based Prevention of School Violence and Youth Antisocial Behavior: A Developmental and Educational Perspective

Ron Prinz, Ph.D., University of South Carolina

Definitions of the term "school violence" range from very narrow—for example, relating only to the use of guns in school—to very broad, encompassing all youth misconduct and the many community and societal influences on such behavior. This paper considers the full range of aggressive and antisocial behavior that occurs among school-age children and adolescents primarily (but not exclusively) in school settings, including bullying, hostile verbal aggression, fighting, uncontrolled rage toward others, drug dealing, stealing, vandalism, physical assault, sexual assault, gun carrying, threats with weapons, use of knives or blunt weapons, and use of guns.

Understanding the development of antisocial behavior

During the past 15 years, prevention science—grounded in psychology, public health, and related behavioral sciences—has grown to play an important role in understanding and preventing youth antisocial behavior. One lesson learned is that prevention must be considered from a developmental perspective, with emphasis on how youth trajectories toward violence evolve. Moreover, a successful plan of action (or intervention) must be based on specific, empirically supported theory.

Developmental antecedents and trajectories

Media reports about youthful perpetrators sometimes give the impression that violent acts are committed totally without warning by individuals with no apparent prior maladjustment. It is rare, however, that

youths who initiate school violence have no history of problem behavior of any kind. While the youths previously may have done nothing to bring their behavior to the attention of school authorities, this does not indicate the absence of developmental precursors leading up to the egregious behavior. Invariably, youthful perpetrators have experienced difficulties such as loneliness or minor misconduct, or they have been exposed to significant risk factors such as family turmoil, ineffective parenting, nonstimulating educational environments, peer rejection, or witnessing of violent acts.

It is rare that youths who initiate school violence have no history of problem behavior of any kind.

Role of theory

Unfortunately, some behavioral scientists and program implementers in the violence prevention field work without a theoretical "net"—that is, programs and interventions are applied to a problem using what appears to be a logical and justifiable approach but without specific, empirically supported theory to guide the way. If the program does not live up to expectations or fails (as often occurs), the absence of theory makes it difficult for professionals in the field to proceed with the next steps in the process. Behavioral scientists may wander aimlessly in frustration, while administrators may discard the program and replace it with another offering new promise but no theoretical or empirical base.

One might reasonably ask what the role of theory is and on what foundation theory should be based. Use of theory in violence prevention is twofold. First, investigators consider the operating assumptions about how youth violence and associated antisocial behavior develop. Through a series of incremental studies, they try to establish how youth trajectories toward violence evolve and identify the variables that play a crucial role. Some theories emphasize parent-child interaction and parenting gone awry,[1] others implicate larger systems such as neighborhoods and schools,[2] and still others combine the different domains into a composite picture.[3]

Next, investigators consider how theory underlies the proposed intervention. Given limited time and resources, interventionists must judiciously choose the area to be targeted. Having a theory-driven intervention requires that the proposer specify the dimensions the intervention is supposed to influence and why such an effect is critical to violence prevention.

The two roles of theory—describing the development of risk for violence and identifying the specific basis for an intervention—work in tandem. Interventions are sometimes inadequate in one or both areas. For example, a program developer may articulate an elaborate theory of how families and neighborhoods influence youth development and then may propose a school conflict-management program that does not operate on family and neighborhood dimensions.

A theory of antisocial development provides an important backdrop for creating an intervention, and an intervention theory is an essential element for testing the intervention. However, scientists and evaluators may specify their intervention theory and then fall short by not assessing the specified variables. For example, one might consider an intervention predicated on the assumption that effective parenting (close supervision, nurturing interactions, appropriate discipline) is important in preventing elementary school children from engaging in aggressive and antisocial behavior. If a controlled study showed that the intervention could reduce the incidence of aggression, but the study did not include measures of parenting changes (improvements) over time, we would not know whether intervention effects were due to the targeted variables (i.e., parenting practices) or to coincidental factors. Thus, even under apparently successful conditions, not assessing the hypothesized theoretical constructs (the previously mentioned parenting dimensions, for example) would limit the ability to draw useful conclusions.

The problem is even more obvious when an intervention or program is not successful. Scientists and evaluators do not want to bounce randomly from one unsuccessful program to another, hoping to discover the right one. Theoretical and empirical guidance, coupled with testing of both the theory itself and the derived intervention, is necessary to make progress. Implementing violence prevention programs, whether in a prevention trial or in an applied evaluation context, can be expensive, and the field cannot afford to gamble on endeavors that are not

based on theory and that fail to provide schools with useful information on how to modify inadequate programs.

Researchers recognize multiple causes of youth violence and other antisocial behavior, making the development and testing of interventions a daunting task.

Theories about the causes of violence have become quite complex and multidimensional. Researchers recognize multiple causes of youth violence and other antisocial behavior, making the development and testing of interventions an even more daunting task.[4]

Prevention theories are not the sole province of social scientists—teachers, principals, parents, and youths are all sources to inform theories. Sometimes school administrators have hunches about why certain problems are occurring in their schools. Hunches can be developed into minitheories that can be tested through the systematic collection of key data. If a hunch is correct, then an intervention can be developed and tested.

Targeted levels in prevention

Violence prevention involves many choices among the levels targeted for intervention. A basic issue in prevention science (not just in violence prevention) is how to define the population. The current prevention terminology identifies "universal," "selected," and "indicated" interventions:[5]

- *Universal* includes the entire group or population (such as all children in an elementary school), unselected with respect to risk for the outcome to be prevented.
- *Selected* refers to a subset of the population for whom there is elevated risk by virtue of exposure to environmental or organismic conditions or circumstances (such as elementary school children who live in neighborhoods where there are high rates of violent crime).

- *Indicated* refers to a subset of the population that is beginning to show the forerunners of the outcome to be prevented (such as first-graders engaging in more disruptive misconduct than their classmates).

These modes of prevention do not consider only the child as the unit or level of intervention. As shown in the table, multiple levels may be chosen as intervention targets, including larger units such as the classroom or school and very large contexts such as media influences and national policy, each of which can be crossed with the three modes of prevention. For example, if *teacher* were the chosen level of intervention, a universal intervention would be applied with all teachers in a particular grade or school, perhaps to enhance behavioral management strategies for all classrooms; a selected intervention might involve only teachers working in schools with high rates of child misconduct; and an indicated intervention might involve only teachers who are struggling to cope with frequent misconduct in their classrooms and who have not yet mastered positive discipline and effective teaching methods (i.e., those at risk for feeding into the development of child aggression).

Schema for preventing school violence at multiple levels of intervention

Level	**Universal mode** (entire group)	**Selected mode** (subgroup at risk)	**Indicated mode** (subgroup with precursor of problem)
Child			
Family			
Teacher			
Classroom			
School			
Neighborhood			
Community			
School district, State			
Media influences			
National policy			

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Levels are often nested within each other, and over time prevention researchers have moved beyond the child as the main unit of intervention and have increasingly targeted the socialization practices and influences of families, teachers, and peers.[6] Prevention research on the social climates and physical environments of schools can be expected to focus to a greater degree on the neighborhood, community, and school district as potentially important contexts for mitigating school violence.

Concepts and practices from prevention research

Insight gained through prevention research underscores the benefits of the following practices:

- **Intervene early.** A large body of research indicates that risk for aggressive and violent behavior begins in early childhood.[7] For youths exhibiting the greatest risk, waiting until adolescence to begin intensive programming is ill advised.[8] Schools and communities are much more inclined now than they were 20 years ago to recognize the need to launch interventions at school entry or earlier. Although recognizing the benefits of early intervention is not yet matched with sufficient staffing and other resources to institutionalize early prevention, policymakers seem to be moving in that direction.

Attempts to alter the risk for antisocial behavior and violence that have focused exclusively on processes internal to the child have met with limited success.

- **Intervene in multiple settings.** Several comprehensive preventive intervention trials include programming in multiple settings. Potential settings include the classroom, school, family, peer group, neighborhood, and one-on-one interactions such as mentoring, tutoring, or counseling.[9] Multiple-setting programs are needed for a number of reasons. First, socially determined behaviors, including aggression and violence, are shaped through interactions in many settings. Second, intervening in only one setting may not be sufficient to have a positive impact. Third, interventions across settings permit

programming in one setting to compensate for less effective programming in another setting. Fourth, children learn best when environments are more congruent with respect to message and expectations. Unfortunately, multiple-setting programs affecting any given child are the exception rather than the norm in many schools.

- **Move beyond the individual child, taking into account larger contexts.** As the earlier discussion about levels implies, children do not function in a vacuum. Prevention research has demonstrated that youth violence and conduct problems are socially embedded phenomena. Attempts to alter the risk for antisocial behavior and violence that have focused exclusively on processes internal to the child have met with limited success. At minimum, family, classroom, and peer contexts are integrally related to child functioning and should be considered in designing a comprehensive prevention plan.

- **Motivate children, teachers, and parents.** Many of the more effective preventive interventions include elaborate strategies to motivate and reinforce participants. Social reinforcement is the glue that makes programs work or the missing element in cases of failure. Good teaching, good parenting, and good management (by principals, for example) all have in common that people need frequent positive feedback to develop and sustain desirable habits.

- **Set and enforce appropriate limits.** An emphasis on building positive behaviors and reinforcing socially desired actions of children (as well as teachers and parents) may give the false impression that parents, teachers, and schools should not set and enforce behavioral *limits*. On the contrary, positively framed prevention programs can and do have limit-setting components. For example, one type of extensive programming to reduce school bullying includes several prescriptions about effective ways to label and sanction bullying behavior and thus to create a norm for discouraging such behavior.[10] Sometimes prevention programs do not provide enough information about how to set and enforce limits for misconduct at school, and administrators are often hungry for such guidance. However, we do know that programming that emphasizes punishment and harsh consequences (such as expulsion), in the absence of ample opportunity to earn benefits, runs the risk of backfiring or of moving misbehaving youths to other parts of the community without diminishing their misconduct.

- **Use modeling as a powerful influence.** Much research has demonstrated that young children will copy both positive and negative behaviors under various conditions. Some preventive interventions capitalize on modeling as an influence.[11] However, the other side of this issue is that we need to pay closer attention to how staff (including program staff, teachers, and administrators) accidentally model coercive or verbally aggressive behaviors that children might copy. Prevention programs need to build many opportunities for children to observe the prosocial behaviors of adults and other children and to diminish their opportunities to observe the antagonistic and inappropriate behaviors that should not be imitated.

- **Involve the community.** Two of the strongest predictors of school violence rates are neighborhood crime rate and level of local community disorganization.[12] Both schools and their surrounding communities suffer from the ill effects of crime and violence. Neighborhood crime feeds school violence, and youths suspended or expelled from school contribute to neighborhood crime. Prevention of school violence, then, offers a challenge for schools and communities to work together to reduce violence in all settings.

- **Provide adequate alternatives.** There is no such thing as the absence of behavior. Human beings, including children, always are doing something. Effective programming is about building positive alternatives to aggression and violence either to prevent or supplant such behavior. Examples are plentiful in the prevention research literature. Building positive school bonding to prevent alienation and subsequent misconduct is one example.[13] Another is the Promoting Alternative Thinking Strategies (PATHS) program, which is about teaching emotion-regulation and thinking strategies that supplant more impulsive or irrational approaches to situations.[14] In addition, the Peer Coping Skills program's prevention team arms children with prosocial methods for coping with everyday challenges so that they do not have to fall back on antisocial and asocial coping.[15] All of these examples and others in prevention share the broadening of children's (or families' or teachers' or schools') positive repertoires to offset less desirable modes of interacting. Many schools recognize the need to frequently strengthen positive alternatives to aggression. Unfortunately, much of the effort is directed toward containing or reacting to aggression and relatively less is allocated toward building positive alternatives.

A related issue is the provision of alternative opportunities. We know that children are more likely to get in trouble after school during the afternoon and early evening. Schools and communities are painfully aware of the need to create and maintain well-supervised afterschool programs offering children positive alternatives to roaming the streets and getting into problem situations. Prevention research literature provides some guidance about the kinds of programming that can be integrated into afterschool settings.[16] The physical plant is readily available, and many schools are using their facilities to good advantage after school and during evening, weekend, and summer periods. The challenge lies in how to support such programs with adequate staffing and resources.

Applying the lessons

Policymakers, school administrators, and behavioral scientists have a broad range of issues to consider in addressing school violence. Useful sources are listed in the sidebar "Preventing Youth Antisocial Behavior and School Violence: Information Resources."

Policymakers

Policymakers would do well to recognize that the term "violence prevention" does not adequately reflect the nature and scope of the problem. The scope of the issue needs to be broadened to address key processes. Moreover, in dealing with the problem of youth aggressive and antisocial behavior (including demonstrable violence), the community needs to consider the early trajectories of children who may be at risk not only for violence but also for other misconduct, substance abuse, academic failure, and early parenthood, all of which adversely affect youths and the community. In addition, policymakers might want to consider—

- Insisting on scientific testing and data-informed programs, resisting the temptation to promote fads or programs with great marketing but no empirical basis.
- Asking for explanations (not just outcomes) of prevention programming efforts—policymakers can benefit from guiding theory as much as scientists can.
- Helping schools increase their resources for early intervention. Assist communities by providing ways to cope with misbehaving youths other than simply by turning them loose in neighborhoods without adequate supervision.

Preventing Youth Antisocial Behavior and School Violence: Information Resources

Available resources on school violence include the following:

- Brewer, D.D., J.D. Hawkins, R.F. Catalano, and H.J. Neckerman. "Preventing Serious, Violent, and Chronic Juvenile Offending: A Review of Evaluations of Selected Strategies in Childhood, Adolescence, and the Community," in *Sourcebook on Serious, Violent, and Chronic Juvenile Offenders*, ed. J.C. Howell, B. Krisberg, J.D. Hawkins, and J.J. Wilson. Thousand Oaks, CA: Sage Publications, 1995: 61–141.

- Catalano, R.F., M.W. Arthur, J.D. Hawkins, L. Berglund, and J.J. Olson. "Comprehensive Community- and School-Based Interventions To Prevent Antisocial Behavior," in *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*, ed. R. Loeber and D.P. Farrington. Thousand Oaks, CA: Sage Publications, 1998: 248–283.

- Dishion, T.J., J. McCord, and F. Poulin. "When Interventions Harm: Peer Groups and Problem Behavior." *American Psychologist* 54 (9) (September 1999): 755–764.

- Dwyer, K., D. Osher, and C. Warger. *Early Warning, Timely Response: A Guide to Safe Schools*. Washington, DC: U.S. Department of Education, U.S. Department of Health and Human Services, and U.S. Department of Justice, National Institute of Justice, 1998. NCJ 172880. (*http://www.air-dc.org/cecp/*)

School administrators

School administrators can choose programs and strategies that build the nonviolent and prosocial behaviors children should exhibit at school. They will want to resist the temptation to emphasize sanctions without offering opportunities to reward and strengthen appropriate and desired behaviors. In addition, administrators could consider—

- Examining and, if necessary, changing the school "climate." School personnel can make or break any preventive intervention. Effective programs usually are associated with competent staff who are well managed and content in their work.

- Harvard School of Public Health (Violence Prevention Programs), Education Development Center Inc., and Prevention Institute Inc. *Partnerships for Preventing Violence: Six-Part Satellite Training Forum*. Sponsored by the U.S. Department of Education, Safe and Drug Free Schools Program, in conjunction with the U.S. Department of Health and Human Services (DHHS), Maternal and Child Health Bureau; DHHS, Centers for Disease Control and Prevention; DHHS, Indian Health Service, Center for Injury Prevention; and the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. (*http://www.walcoff.com/partnership/*)

- Hawkins, J.D., R.F. Catalano, and D.D. Brewer. "Preventing Serious, Violent, and Chronic Juvenile Offending: Effective Strategies From Conception to Age 6," in *Sourcebook on Serious, Violent, and Chronic Juvenile Offenders*, ed. J.C. Howell, B. Krisberg, J.D. Hawkins, and J.J. Wilson. Thousand Oaks, CA: Sage Publications, 1995: 47–60.

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- Resisting the temptation to stigmatize and dismiss children. Suspensions and expulsions are on the rise, but people are still victimized if misbehaving youths are simply passed around the community without adequate programming.

Behavioral scientists

Finally, behavioral scientists will want to consider—

- Building interventions based on strategic information from teachers, parents, administrators, and children, and request their help in designing and piloting programs before adoption.

- Paying attention to larger contexts. Classroom, peer group, school, and community contexts are key to understanding school violence. Revised theories and interventions will need to better integrate these contexts in meaningful ways.

- Improving measures of settings so their impact on larger systems can be examined.

Notes

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Controlling Violence: What Schools Are Doing

Joseph F. Sheley, Ph.D., California State University

Recent shootings of students by peers on suburban and rural school grounds have heightened public concern about weapons in the hands of youths. Horrifying as such incidents might be, however, we must resist the temptation to conceptualize the problem of school violence around them. Episodes in which students seek to harm large numbers of their schoolmates fairly at random are not the challenges most commonly faced by the average school administrator. Administrators are more likely to deal with students bringing weapons (primarily guns and knives) to campus to settle scores with specific individuals, to show off, or to protect themselves in an environment they perceive as hostile. Indeed, the problem administrators most often encounter is how to address the day-to-day verbal and physical confrontations that may lead a student to carry a weapon to school or spontaneously use a weapon already brought to campus.

Some of the efforts undertaken in America's schools to prevent youths from bringing weapons to—and using them on—school grounds are described in this paper. An analysis of data gathered in 1996 from a nationwide survey of 48 high school administrators is presented in the context of the youth violence trends observed over the past several years.

What we know

While national trends indicate that youth violence appears to be declining, the quality of response to these trends will reflect the quality of information available to policymakers and administrators. We are just beginning to implement a systematic approach to using information about patterns of youth involvement in weapon-related activity—and other information—in our efforts to protect young people in our schools.

National trends

Even at its worst, violence in schools has paled compared with the violence occurring in the communities where students live. Violent acts have not been committed only, or even mainly, at school. Rather, most school-related violence has spilled over from the community onto the campus. After years of increases in youth attacks upon one another[1] and, especially, a surge of such violence in the late 1980s and early 1990s, we appear to be experiencing a downturn in violence generally and in youth violence in particular[2] and a decline in homicide rates across the age spectrum and especially in cities. The violent crime arrest rate for youths younger than age 17 has declined steadily since 1994,[3] and gun-related homicides committed by youths ages 14 through 17 have declined steadily since 1993.[4]

Although violence has declined, we should not be lulled into thinking that all is well—the rates of violence among youths remain appalling.

The reasons for such declines are not fully apparent. Much of the change has been attributed to a bottoming out of the crack trade that, beginning in the mid-1980s, seemed to spawn a wave of firearm-related homicides by youths and young adults.[5] Much also has been linked to criminal justice crackdowns on serious juvenile offenders and to more sophisticated community and criminal justice efforts to address youth violence, especially as related to gangs.[6] Others relate changes to such demographic trends as the aging (and death and jailing) of the violence-prone juveniles in the most recent cohorts of high-crime age groups.[7]

Although violence has declined, we should not be lulled into thinking that all is well—the rates of violence among youths remain appalling. The rate for homicides committed by juveniles remains about 70 percent higher than it was from 1970 to 1985. While the numbers are down from previous years, the 1996 U.S. homicide victimization rate per 100,000 black males aged 14 to 17 was a shocking 53.3; for their white counterparts, the rate was 8.4 per 100,000, low actually only in comparison to the rate for black youths.[8] Certainly, school administrators may not yet relax their vigilance. More information is needed, and the higher the quality of information supplied to policymakers and

school administrators, the higher the potential quality of response to the youth violence problem.

What research tells us

Sufficient investigation has been conducted to permit us to state with confidence that certain subsets of youth, by virtue of their lifestyles, are more likely than others to be involved in weapon-related violence.[9] Ignoring for now the specific causal tracks by which these variables are linked to harmful outcomes, research results indicate, for example, that juveniles who report serious infractions of the law (such as robbery), are arrested many times, sell drugs (and, to a lesser extent, use drugs), and are gang members generally will report higher levels of gun ownership, carrying, and use.[10]

Yet, involvement in illegal behaviors does not predict all weapon-related activity. For example, we have learned that if we hold constant recreational use of guns (such as hunting), problem handgun activities occur even among relatively "good boy" populations. Results of a 1996 survey indicate that 3 of every 100 male high school students (youths from a broad range of socioeconomic backgrounds and with little involvement in serious crime) possessed a revolver or automatic or semiautomatic handgun; in addition, 6 of every 100 had carried a gun (generally a handgun) outside the home (more likely in the car than on the person) during the 12 months before the survey interview.[11]

We also know that, although weapon use and transport by juveniles is a problem to some extent for all communities, including suburban and rural populations,[12] traditionally the most serious firearm-related activities have apparently occurred in less affluent urban populations. One-third of a sample of inner-city male high school students surveyed in 1991, for example, said they had carried a gun outside the home at least occasionally—although, as important, two-thirds had not.[13] We know, however, that once we look at broader populations rather than at inner-city populations, the rates of nonrecreational gun carrying (not carried for hunting purposes, for example)—though not the carrying of other types of weapons—appear to be higher in rural areas than in urban areas and higher in urban settings than in suburban settings.[14]

Finally, we know that juveniles apparently do not encounter major difficulties in obtaining firearms. Until recently, rates of gun-related crimes committed by juveniles have been at record levels,[15] amounts and quality of guns in the hands of gang members have appeared to be

high,[16] and survey after survey has indicated that youths of all socio-economic backgrounds generally believe that they can acquire a firearm with relative ease.[17]

Juveniles carry guns and other weapons because they believe their social worlds are dangerous places and that they need protection.

If, through all our research, we have learned anything significant that may be applied to making schools safer, it is that most violence committed against juveniles by juveniles and most weapon-carrying by youths is not done for criminal-, drug-, or gang-related ends.[18] Status enhancement (the need for attention and respect from peers) appears to motivate some adolescents to carry firearms outside the home and, by definition, to make the social environments of other youths more dangerous.[19] However, our studies of juveniles' motivation to carry firearms—whether the subjects already are hardened criminals or "good boys," whether they are from the inner city or the farm—persistently point to fear. Juveniles carry guns and other weapons because they believe their social worlds are dangerous places and that they need protection.[20]

Are they wrong? Clearly, individuals easily can misjudge levels of threat to them. Yet, National Crime Victimization Survey data indicate that, in 1997, approximately 1 of every 100 people between ages 12 and 19 was the victim of a robbery, and about 2 of every 100 fell victim to aggravated assault.[21] In 1995, approximately 4 percent of U.S. students aged 12 through 19 were victims of physical attacks or had property taken from them by force or threat of force on school grounds; of those victims, 12 percent reported seeing a student with a gun at school.[22] Four in 10 inner-city youths surveyed in 1991 reported they had been threatened with a gun or shots had been fired at them. Three in 10 had been beaten up at or on the way to school, and nearly 2 in 10 had been injured with a weapon other than a gun or knife in or on the way to school.[23] Eight percent of a broader national survey of male students, conducted in 1996, had experienced firearm threats, and 13 percent had been threatened with a knife. One in 4 had a friend and 1 in 20 a family member who had been the victim of a firearm-related crime.

In addition, 13 percent reported attending parties where shots had been fired.[24]

Perceptions undoubtedly matter. Nationally, 28 percent of students characterize their school as harboring street gangs, and 65 percent indicate that drugs are available on school grounds.[25] Forty-two percent of the inner-city students who took part in the 1991 survey reported that their friends carried guns, and 8 percent knew someone who had brought a gun to school.[26] Of the broader (1996) student sample noted above, 14 percent reported that their friends carried weapons. Also, 7 percent estimated their chances of becoming the victim of a shooting as at least "somewhat likely."[27]

In summary, although students' level of fear and perception of the need for protection may vary greatly across social strata, it is a mistake to dismiss such concerns as confined to the urban core. Furthermore, whether or not the perception of danger that leads a student to carry a weapon is empirically grounded, the carrying nonetheless shapes the reality of others. Research suggests that, on average, most violence among students stems from unprovoked offensive touches, interference with "personal space," perceived slights, insults, accusations, and so forth.[28] The eventual outcome of these disputes will depend significantly on the presence or absence of a lethal weapon in the hands of one or both disputants.

What schools are doing to respond

The context of youth violence established, we turn to the question of measures taken by schools to address prevention and control. What seems to be a fairly simple research question is not. Until recently, relatively little information had been gathered systematically regarding safety in schools, including the large number of options and programs available to schools as they attempted to provide secure learning environments.[29] Although there would seem to be clear differences in the potential effectiveness of a range of commonly used school safety measures,[30] one of the few national-level studies of types of standard school security measures (for example, hall monitors, visitor sign-ins) found no significant relationship between these measures and students' chances of violent victimization.[31] Now viewing the issue as more critical, government agencies are beginning to disseminate information about youth violence prevention programs throughout the Nation[32] and to call for evaluations of aspects of the U.S. Safe Schools/Healthy

Students Initiative.[33] The movement to produce better quality information inspired the research described below.

School antiviolence measures—survey of administrators

In the course of a larger 1996 study of weapon acquisition and use by male students in 53 high schools, the opportunity arose to ask administrators of 48 of those schools about school characteristics, levels of weapon-related activity in the schools, and antiviolence strategies employed by the schools.[34] Information from the administrators was supplemented with census data for the cities and towns in which the sampled schools were located. These data included size of city or town; racial and ethnic populations; age, gender, and educational attainment; median household and per capita income; poverty rates; labor force and unemployment rates; and violent and property crime rates. The national directory, *Patterson's American Education*, from which the sample of schools for the study was derived, provided information about type of school, grades taught, enrollment, and size of community.[35] These data also were integrated with the administrator survey data. Although the number of administrators who did not participate (5 of 53) was too small to include evaluation of statistically significant differences between them and survey participants, they were somewhat more likely to be located at smaller schools in the South and West and in cities or towns with higher than average male populations and higher than average violent crime rates.

The 53 schools themselves were part of a sample of 132 selected randomly from *Patterson's American Education*. Sampling probabilities were proportionate to the size of the 10th- and 11th-grade populations enrolled in a given school. At both bivariate and multivariate levels, the 53 participating schools were compared with nonparticipating schools across several variables: region of country, grades offered (6 years, 4 years, 2 years, and so forth), size of enrollment, and public or private status.[36] In addition, they were compared in terms of numerous characteristics of the cities and towns in which they were located: population size, racial and ethnic distributions, age and gender, average educational attainment, income, unemployment rate, percentage in poverty, and crime levels. In all instances except one, no significant differences were apparent between the two samples. The exception was related to the fact that participating schools tended to be located in cities with higher percentages of the population aged 65 and older, but this variable ultimately proved to be unrelated to participation status.

As the findings (table 1) indicate, in the aggregate, the schools ultimately participating in this project displayed considerable variation in all but a few categories. They were roughly evenly divided among regions of the country. The majority served high school students only. More than half of the schools sampled enrolled more than 1,000 pupils, although few exceeded 2,500. Nearly 9 of every 10 schools were public institutions, and 7 of every 10 were located in towns with populations of 10,000 or fewer, although most of these schools served regional or county populations.

The population characteristics of the cities and towns in which participating schools were located also varied considerably. In nearly one of every four cities and towns, more than 30 percent of the citizens were nonwhite, and in nearly one in six more than a third of the population was younger than 25. Male-female distributions were roughly equal; more than 51 percent of the population was male in only 4 percent of the sites, and the male population was less than 45 percent of the total population in only 2 percent. In 6 of 10 cities and towns, at least 70 percent of the population had earned a high school diploma. At least 3 of every 10 households in 51 percent of the sample cities and towns were headed by less affluent females. One in four sites had unemployment rates exceeding 8 percent, and half had median household incomes below $25,000. Finally, 1 in 3 had violent crime rates exceeding 900 per 100,000 population.

How administrators view the problems. The high school administrators surveyed in this study were asked to describe weapon-related problems in their schools and how they were confronting the problems. As the findings (table 2) indicate, while one in five (19 percent) considered violence either a "somewhat serious" or "very serious" problem in their schools, far fewer saw guns (2 percent) and other weapons (8 percent) as at least "somewhat serious." Only 2 percent considered it even somewhat likely that the average male junior routinely would carry a gun while off campus. The administrators also tended to estimate as relatively low the physical threat to their students. Only 10 percent felt it at least somewhat likely that the average male junior would be physically threatened at school; 10 percent also considered the possibility that the same junior would be physically threatened while out of school as at least somewhat likely. It is also important to note that 50 percent of the administrators considered drugs at least a somewhat serious problem in their schools.

Table 1. Characteristics of schools surveyed

Characteristic	% of schools surveyed*
Region	
New England	4
Mid-Atlantic	10
East-North Central	13
West-North Central	13
South Atlantic	13
East-South Central	8
West-South Central	8
Mountain	14
Pacific Coast	17
School type	
Elementary through high school	4
Middle through high school	4
High school only	92
School size	
101–500	17
501–1,000	29
1,001–2,500	50
2,501–5,000	4
Public-private	
Public	86
Private, not Catholic	8
Catholic	6
City/town size	
Fewer than 2,501	8
2,501–5,000	23
5,001–10,000	38
10,001–25,000	10
25,001–100,000	13
100,001–250,000	2
More than 250,000	6

*$N = 48$.

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Table 2. Administrators' perceptions of violence as a school problem

Perception	% of administrators responding "yes"*
Violence on campus as a problem	
Very serious	4
Somewhat serious	15
Not too serious	56
Not at all serious	25
Guns on campus as a problem	
Very serious	2
Somewhat serious	0
Not too serious	27
Not at all serious	71
Other weapons on campus as a problem	
Very serious	2
Somewhat serious	6
Not too serious	50
Not at all serious	42
Likelihood that an average male junior would—	
Routinely carry gun on campus	
Somewhat or very likely	0
Not too likely	6
Not at all likely	94
Routinely carry gun off campus	
Somewhat or very likely	2
Not too likely	27
Not at all likely	71
Be physically threatened in school	
Somewhat or very likely	10
Not too likely	44
Not at all likely	46
Be physically threatened out of school	
Somewhat or very likely	10
Not too likely	50
Not at all likely	40

*$N = 48$.

Frequency of actual incidents of violence. The administrators also reported actual experiences with the problem of weapons among students (table 3). Only 42 percent reported *not* recalling any incidents involving guns on school grounds during the past 3 years. Twenty-one percent recalled three or more such incidents. Forty-six percent recalled at least three incidents involving knives on school grounds during the past 3 years; only 17 percent remembered none. Twenty-eight percent indicated that three or more oncampus incidents had involved weapons other than guns or knives; 40 percent indicated no such incidents. Finally, 45 percent of the respondents reported that at least one of their students had been shot, on or off school grounds, during the past 3

Table 3. Administrators' recollection of violence during the past 3 years

Number of incidents	% of administrators surveyed*
Gun incidents on campus	
0	42
1	27
2	10
3+	21
Knife incidents on campus	
0	17
1	15
2	23
3+	46
"Other weapon" incidents on campus	
0	40
1	15
2	17
3+	28
Students shot on or off campus	
0	55
1	17
2	13
3+	15

*$N = 48$.

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years; in fact, one in four administrators (28 percent) reported at least two such shootings.

Links among perceptions, incidents, and school characteristics. Not surprisingly, the level of association among most of the problem, threat, and incident variables just described was statistically significant. A sense of violence as a campus problem also suggested a view of guns and other weapons on campus as problems. To the extent that administrators viewed violence on campus as a problem, so also did they offer higher estimates of the likelihood that their students would carry guns off campus. The likelihood of threats of physical violence to students both on and off campus was related to the sense of the campus itself as violent. Finally, recollections of gun- and knife-related incidents on school grounds during the past 3 years were themselves related statistically significantly. Both were linked to recollections of shootings of students, on or off campus, during the same period.

Given the high level of attention to guns and violence in the urban youth culture, we had expected to find most of the above variables related to size of city or town in which the survey participant lived and the urban, suburban, or rural character of the school's neighborhood. However, administrators' perceptions of the school having a problem with violence, guns, or other weapons were unrelated to either variable. Estimates of the likelihood of gun carrying out of school and of threat in or out of school also were unrelated to either variable. Only the numbers of gun incidents on school grounds and shootings of students in or out of school were significantly statistically associated with city size and with urban character of school neighborhood.

Most of the problem, threat, and incident variables were significantly associated with the administrator's perception of drugs as a problem at his or her school; the sense of a drug problem was highly related to sense of a violence problem, for example. The administrator's estimate of the percentage of the student body whose families received public assistance also was related significantly to many of the problem, threat, and incident variables—to the number of gun incidents on campus, for example. An estimate of the percentage of students who drop out of school was related to half of the variables in question—for example, to the likelihood of a threat to a student off campus.

Measures to limit violence on campus

Administrators were asked to identify which measures, from a long list, their schools had implemented to reduce violence. The more common devices (table 4) included revised disciplinary codes, locker searches, conflict resolution programs, establishment of dress codes, multicultural sensitivity training, designation of schools as "gun-free" and "drug-free" zones, and suspensions for weapons violations. Relatively few schools (10 percent or fewer) used ID checks at school entrances, metal detectors at school entrances, and video monitoring of hallways and classrooms (although 31 percent used such monitors on school buses). Police patrols in hallways and on school grounds found slightly more

Table 4. Measures taken to reduce violence

Measure	% of administrators surveyed*
Taken by a majority of the schools	
Automatic suspensions for weapons violations	96
Revised disciplinary codes	81
Designation of school as a "drug-free" zone	74
Conflict resolution and mediation programs	71
Designation of school as a "gun-free" zone	66
Dress codes	63
Multicultural sensitivity training	60
Locker searches	55
Taken by fewer than a majority of the schools	
Nonpolice monitors in hallways or on school grounds	40
Photo IDs for staff and students	33
Video monitoring of school buses	31
Police on campus	27
Extra police patrols around school property	21
Police in school hallways	15
Rarely taken by the schools	
Video monitoring of hallways	10
ID checks at school entrances	6
Metal detectors at school entrances	2
Video monitoring of classrooms	2
Mandatory "see through" book bags	0

*$N = 48$.

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favor (15 percent and 27 percent, respectively), as did extra police patrols around school property (21 percent). Photo ID systems for students and staff had been introduced in 33 percent of the schools.

It is important to note that obvious clustering of mechanisms to address violence generally was not apparent. First, there was no cumulative pattern in which those who used more directly security-oriented devices, such as metal detectors at entrances, also used less directly security-oriented devices, such as revised dress codes. Second, the ability to predict use of certain devices based on use of others was moderate at best. Schools that had a dress code, for example, also were statistically significantly more likely to use police patrols in hallways and on school grounds, photo ID systems, and gun-free and drug-free zone designations. They were *not* more likely to use revised disciplinary codes, suspensions for weapons violations, ID checks at school entrances, locker searches, conflict resolution programs, nonpolice monitors, extra police patrols around school property, metal detectors, or various video monitoring devices. Finally, other than sharing the use of dress and disciplinary codes, the devices chosen by schools declared gun-free zones and those declared drug-free zones were dissimilar.

Links among control measures, school characteristics, and perceptions of problems

None of the violence-limiting measures discussed above was related statistically significantly to size of city or town of residence of the survey participant. Only three—suspension for weapons violations, a dress code, and a photo ID system for staff and students—were related, and one (suspension) negatively so, to degree of urban character of the neighborhood in which the school was located. Only three—conflict resolution programs, photo IDs, and video monitoring of buses—were related, one (bus video) negatively, to perception of drugs as a problem for the school.

The percentage of students who drop out of school was the predictor of the greatest number of violence-limiting measures used. Its association with use of police on campus and in school hallways, deployment of extra police patrols around school property, use of nonpolice monitors at the school, use of photo IDs for staff and students, and establishment of the school as a gun-free zone was statistically significant. The administrator's estimate of the percentage of students from families receiving public assistance was linked to the use of police patrols in

hallways as well as the use of video monitoring in classrooms and buses (negative association).

The percentage of students who drop out of school was the predictor of the greatest number of violence-limiting measures used.

In sum, differing pictures of school safety emerge depending on whether we focus on administrators' estimates of the degree of danger on campus or on their recollections of weapon-related incidents on campus or those involving their pupils more generally. The latter suggest the more serious situation. While it may be that the incidents to which administrators referred were not very serious, it is also important to note that nearly half of the administrators (45 percent) recalled that at least one of their pupils had been shot during the past 3 years (though, again, such shootings did not necessarily occur on school grounds).[37] Neither the estimates of level of danger nor the recollections of actual weapon-related incidents were related to the urban, suburban, or rural character (city or neighborhood) of the school. However, they were related to administrators' estimates of level of campus drug problem and to school dropout rate.

Most schools had adopted some form of institutional response to the problem of violence. Generally, the measures were not extreme and, during the past decade, they have become fairly common in schools nationally. Such measures have included conflict resolution and multicultural programs, designation of the schools as gun-free and drug-free zones, revised disciplinary and dress codes, and suspensions for weapon violations. Far fewer schools had turned to law enforcement for assistance. Again, the choice of violence-limiting mechanism was not related to the urban, suburban, or rural character (city or neighborhood) of the school, although it was related to the administrator's estimate of the school's dropout rate.

The search for better answers

During the past several years, communities, their criminal justice systems, and their school systems have made serious strides toward

preventing violence by and against children. Trends in violence are sloping downward. We know more about the patterns of youth involvement in weapon-related activity than we ever have before—not only about crime, drugs, gangs, and weaponry but also about children's perceptions of danger in their social environments and their relationship to the transport and use of firearms and other weapons. Nonetheless, we are only at the beginning of a systematic approach to using this and other information in our schools' efforts to protect their pupils.

Little pattern in use of violence control measures

At least as of 1996, most schools were using some techniques, and many schools many techniques, to lower the risk of weapon-related violence on their premises. The most striking aspect of the study findings, however, is the general absence of patterning in which schools employ which mechanisms. No stacking or cumulative effect is apparent. There is little that is systematic in the relationship of the use of one measure to the use of another. While the dropout rate and, to a lesser extent, other variables are related to use of certain measures against violence, the underlying reason for choosing those measures is unclear. The choice of mechanisms seems unrelated to the level of an administrator's perception of violence as a problem on his or her campus and even to the urban, suburban, or rural nature of that campus.

Little systematic sense of what works

In trying to make sense of these findings, we need to recall that administrators do not make decisions about the prevention of violence in schools in a vacuum. The political liability of administrators and political leaders who "fail to act" before a crisis is enormous. Those who cannot show that they have introduced all or most of the available "common" preventive measures will pay dearly if a serious incident occurs on their watch, whether or not the common preventive measures would have prevented the incident. Thus, to the degree that certain mechanisms have been introduced into some schools, they likely will be introduced into others. We do not know—and we should find out—whether the choices are tied to knowledge about the record of success (or failure) of a given violence prevention technique.

We have reached a point at which enough programs are being used in enough schools to enable us to sort out the more effective programs from the less effective within subsets of school settings. It is highly

unlikely that there are many generic violence prevention mechanisms. Mechanisms employed in some schools (inner-city schools, for example) may not work well in others (rural schools, for example). To discover these patterns, we need to work with a large sample of schools, all of which will share much of the same information about what they are doing and what has been happening to the children in their care. Furthermore, we need to be able to ascertain a "quality" application of a given program or mechanism; the manner in which schools introduce conflict resolution programs surely varies, for example. Only if we have this information can we judge whether a finding of "no effect" regarding the use of a measure across schools reflects lack of efficacy of the measure itself or lack of its appropriate application.

Community ties to schools

Increasingly, intervention in the cycle of youth violence is being framed, quite appropriately, less as a school project and more as a community project.[38] While communities must do what they can to remove guns from the hands of juveniles, they likely will not accomplish this goal until they have removed the structural and cultural conditions that now promote gun-related activity in the youth population. If the average community in America has not yet "crossed the line" into truly unsafe situations, then the key to warding off problems lies in discouraging the conditions that have produced them in other settings (that is, in discouraging the development of a youth culture that defines gun possession as necessary to one's survival). Once such a culture exists, criminal justice attempts to disrupt gun sales and acquisition markets may succeed partially but will not rid communities of the problem because demand for weapons will remain. Indeed, a more organized supply likely will develop to meet demand.

The study findings suggest that most schools have adopted the fundamental elements of persuasion against a culture of violence—some combination of deterrence (locker searches, for example) and ideology (teaching conflict avoidance skills, for example). The education system is asked to remedy yet another social problem. However, we must guard against the danger of assigning control of violence solely or even primarily to the school curriculum. Communities may gain schools that are safe havens and permit education to occur—quite reasonable goals. Yet, schools rarely are the source of violence as much as they are the place where disputes arising in the neighborhood are acted upon. To the

extent that schools succeed in pushing violence off campus, it likely will be displaced back into the surrounding community.

We must guard against the danger of assigning control of violence solely or even primarily to the school curriculum.

The issue for communities, then, is how to dissuade youths from resolving disputes through violent means and thereby convince them that weapons are not necessary to the conduct of everyday living. Conflict resolution and multicultural sensitivity training in schools clearly are helpful, but they do not address the conditions that produce neighborhood disputes in the first place. Nor do they touch deeply, if at all, youths only marginally committed to education, those with extensive school absence records, and certainly, youths who have dropped out of school. The current findings have suggested that schools with high dropout rates appear to encounter greater weapon-related problems on campus. This, it would seem, is more a community problem than a school problem. Communities with such problems understandably must turn to the criminal justice system for help.[39] Communities without such problems, or that have them to a lesser degree, should be exploring policy initiatives that identify and address the *antecedents* of weapon-related activities among juveniles.

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37. The time referent "past 3 years" used in the survey perhaps somehow softens the effect of the incidents in question. That is, an administrator who recalls a student having been shot 3 years ago may not indicate the sense of "problem" perceived by the administrator who recalls a more recent shooting.

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The Federal Government Responds to School Violence

Acutely aware of the problem of school violence, Federal Government agencies are working to reduce it, both through their own initiatives and in collaboration with other agencies and with States and local communities.

Among these agencies are the Centers for Disease Control and Prevention (Department of Health and Human Services [DHHS]), Department of Education, Department of Housing and Urban Development, Department of Justice, National Institutes of Health (DHHS), Office of National Drug Control Policy, and Substance Abuse and Mental Health Services Administration (DHHS).

An inventory of their activities, categorized by type and updated twice a year, is at *http://www.cdc.gov/nccdphp/dash.** It consists of ongoing and recently completed activities that either directly address violence in or around schools or indirectly address school violence by focusing on its precursors, associated factors, or prevention mechanisms.

The Federal activities. The list of Federal activities comprises—

- Surveys/monitoring.
- Evaluation research.
- Other research.
- Research synthesis and application.
- Programs.
- Resource development.
- Resource and technical assistance centers.

Youth violence information resource. PAVNET (Partnerships Against Violence Network) is a virtual library of information about efforts, many of them federally funded, to reach children and young people at risk for violence. Compiled with input from several Federal agencies, it is a "one-stop," searchable information resource to help reduce redundancy in information management and provide easy access to information for States and local communities.

The PAVNET Web address is *http://www.pavnet.org/*, where programs, curricula, and technical information are listed and periodically updated. Information about funding sources is also included.

Recent NIJ publications on school violence

The *Appropriate and Effective Use of Security Technologies in U.S. Schools*, by Mary W. Green, Research Report, Washington, DC: U.S. Department of Justice, National Institute of Justice, September 1999, NCJ 178265. Offers practical guidance for high school administrators and their law enforcement colleagues on video surveillance, weapons detection devices, entry controls, duress alarms, operational issues, and security concepts.

Crime in the Schools: Reducing Conflict With Student Problem Solving, by Dennis Jay Kenney and Steuart Watson, Research in Brief, Washington, DC: U.S. Department of Justice, National Institute of Justice, July 1999, NCJ 177618. Reports on the effectiveness of the School Safety Program, a problem-solving approach in which students themselves take part in devising solutions.

Both publications can be downloaded from the NIJ Web site: *http://www.ojp.usdoj.gov/nij/*. Copies may be obtained from the National Criminal Justice Reference Service by calling 800–851–3420.

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* "DASH" (the Division of Adolescent and School Health), which compiled the inventory with contributions from several other Federal agencies, is a component of the Centers for Disease Control and Prevention. The mission of DASH, created in 1988, is to identify the highest priority health risks among youths, monitor the incidence and prevalence of those risks, implement national programs to prevent risks, and evaluate and improve those programs.

About the National Institute of Justice

The National Institute of Justice (NIJ), a component of the Office of Justice Programs, is the research agency of the U.S. Department of Justice. Created by the Omnibus Crime Control and Safe Streets Act of 1968, as amended, NIJ is authorized to support research, evaluation, and demonstration programs, development of technology, and both national and international information dissemination. Specific mandates of the Act direct NIJ to:

- Sponsor special projects and research and development programs that will improve and strengthen the criminal justice system and reduce or prevent crime.
- Conduct national demonstration projects that employ innovative or promising approaches for improving criminal justice.
- Develop new technologies to fight crime and improve criminal justice.
- Evaluate the effectiveness of criminal justice programs and identify programs that promise to be successful if continued or repeated.
- Recommend actions that can be taken by Federal, State, and local governments as well as by private organizations to improve criminal justice.
- Carry out research on criminal behavior.
- Develop new methods of crime prevention and reduction of crime and delinquency.

In recent years, NIJ has greatly expanded its initiatives, the result of the Violent Crime Control and Law Enforcement Act of 1994 (the Crime Act), partnerships with other Federal agencies and private foundations, advances in technology, and a new international focus. Examples of these new initiatives include:

- Exploring key issues in community policing, violence against women, violence within the family, sentencing reforms, and specialized courts such as drug courts.
- Developing dual-use technologies to support national defense and local law enforcement needs.
- Establishing four regional National Law Enforcement and Corrections Technology Centers and a Border Research and Technology Center.
- Strengthening NIJ's links with the international community through participation in the United Nations network of criminological institutes, the U.N. Criminal Justice Information Network, and the NIJ International Center.
- Improving the online capability of NIJ's criminal justice information clearinghouse.
- Establishing the ADAM (Arrestee Drug Abuse Monitoring) program—formerly the Drug Use Forecasting (DUF) program—to increase the number of drug-testing sites and study drug-related crime.

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